

## Family Planning Program

### Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

|  |   |   |                          |                    |
|--|---|---|--------------------------|--------------------|
| Agency Name<br><b>The Heidi Group</b>  |   |   |                          |                    |
| Clinic Name (Clinic Requesting Waiver)<br><b>Tenison Women's Health Center</b>         |   |   |                          |                    |
| Clinic Address (Clinic Requesting Waiver - Physical Address)<br><b>617 W Moore Ave</b> |   | City<br><b>Terrell</b>                              | County<br><b>Kaufman</b> | State<br><b>TX</b> |
|  |   | ZIP<br><b>76160</b>                                 |                          |                    |
| Contact Name<br><b>Toni Moman</b>  | Contact Telephone Number<br><b>512-255-2088</b> | Contact Email Address<br><b>toni@heidigroup.org</b> |                          |                    |

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 1900 W. Moore Ave Terrell, TX 75160
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
 Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Tenison Women's Health Center Terrell, will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701  
512-305-8000 \* www.pharmacy.texas.gov

## Clinic Pharmacy (Class D) License Application

| Pharmacy Name & Location Address (Street, City, ZIP)   |  | FOR TSBP USE ONLY  |        |   |               |
|--|--|--|--------|---|---------------|
| <u>Tenison Women's Health Ctr.</u><br><u>617 W Moore Ave Ste B</u><br><u>Terrell, TX 75160</u>   |  | License No.  | Amount | Receipt No.   | Applicant No. |
| Pharmacy Telephone Number:<br><u>(972) 563-8100</u>  |  | <input type="checkbox"/> Check here if for a <b>NEW PHARMACY</b><br><input type="checkbox"/> Check here if a <b>CHANGE OF OWNERSHIP</b> .<br>If change of ownership, indicate previous name,<br>address and license number of pharmacy:<br>_____<br>_____<br>_____ |        |   |               |
| Pharmacy Fax Number:<br><u>(972) 563-2684</u>  |  |  |        |   |               |
| Web Address:   |  |  |        |   |               |
| Email Address:   |  |  |        |   |               |
| Type of Ownership (check one)  |  | Application Fee Payable to Texas State Board of Pharmacy   |        |   |               |
| <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)<br><input type="checkbox"/> Government <input type="checkbox"/> Partnership<br><input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____ |  | Pharmacy License <span style="float: right;">\$454</span><br># of Pharmacy Balances/Scales <u>1</u> x \$25.00 \$<br><b>TOTAL DUE \$</b>  |        |   |               |
| Type of Pharmacy (check one)   |  | Description of Services – Check All That Apply   |        |   |               |
| <input type="checkbox"/> Public Health<br><input type="checkbox"/> Other (specify) <u>Family Planning</u>  |  | <input type="checkbox"/> Alternative Visitation Schedule <input type="checkbox"/> Other (specify below):<br><input type="checkbox"/> Expanded Formulary<br><input type="checkbox"/> Home Delivery  |        |   |               |
| Pharmacist-in-Charge   |  | License #  |        | Anticipated Date of Opening and Hours of Operation: |               |
| <u>MARISSA E. QUINDONES</u><br>(Print or type)   |  | <u>425168</u>  |        | <u>7/1/2016 - 9-5 M-F</u>                           |               |
| By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy.<br><b>THIS SIGNATURE MUST BE NOTARIZED</b>   |  | Staff Pharmacist(s)  |        | License #   |               |
| <u>MariSSa Quindones</u><br>Signature of Pharmacist-in-Charge  |  | <u>6/24/16</u><br>Date   |        |   |               |
| Subscribed and sworn to before me this <u>24<sup>th</sup></u> day of <u>June</u> , 20 <u>16</u>  |  | Registered Technician(s)   |        | Registration #                                      |               |
| <br>Notary Public  |  |  |        |   |               |

**NOTICE:** A Class D pharmacy license shall not be issued to a physician's office.

Texas State Board of Pharmacy Rules define Clinic Pharmacy (Class D) as a facility/location other than a physician's office, where limited types of dangerous drugs or devices restricted to those listed in and approved for the clinic's formulary are stored, administered, provided, or dispensed to outpatients. (e.g. planned parenthood, public health).

Read Rule 291.93.

|  |               |
|--|---------------|
| <b>Class D Clinic Pharmacy</b>   |               |
| (a) Name and Texas License Number of Medical Director: <u>Bernard Adams, MD D9338</u>  |               |
| (b) Attach a copy of the Pharmacy's Policy and Procedure Manual, which must include the clinic drug formulary if requesting permission to maintain an expanded formulary or an alternative visitation schedule, see Board Rule 291.93.   |               |
| <b>PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:</b>  |               |
| 1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of <u>any</u> professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions.<br><input type="checkbox"/> YES* <input type="checkbox"/> NO<br>*If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation. |               |
| 2. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |               |
| 3. Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |               |
| 4. Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply):<br><input checked="" type="checkbox"/> 1 Spanish <input type="checkbox"/> 3 Telecommunication Device for the Deaf (TDD) <input type="checkbox"/> 5 AT&T Translating Service <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> 2 Vietnamese <input type="checkbox"/> 4 American Sign Language <input type="checkbox"/> 6 Other  |               |
| 5. Does this pharmacy participate in the Texas Medicaid program? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |               |
| 6. Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |               |
| ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.   |               |
| <b>THIS SIGNATURE MUST BE NOTARIZED:</b>   |               |
| Signature of Owner / Managing Officer  | Date          |
| Owner / Managing Officer's Name (Type or Print)  | Notary Public |
| Subscribed and sworn to before me this _____ day of _____, 20____  |               |



## Family Planning Program

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**PART I – AGENCY/CLINIC INFORMATION**

|  |   |   |                    |                     |
|--|---|---|--------------------|---------------------|
| Agency Name<br><b>The Heidi Group</b>  |   |   |                    |                     |
| Clinic Name (Clinic Requesting Waiver)<br><b>Treat Now Family Clinic</b>                       |   |   |                    |                     |
| Clinic Address (Clinic Requesting Waiver - Physical Address)<br><b>2916 Kraft St. Suite 60</b> | City<br><b>Arlington</b>                        | County<br><b>Tarrant</b>                            | State<br><b>TX</b> | ZIP<br><b>76010</b> |
| Contact Name<br><b>Toni Moman</b>  | Contact Telephone Number<br><b>512-255-2088</b> | Contact Email Address<br><b>toni@heidigroup.org</b> |                    |                     |

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site.
- b) The Pharmacy will bill the Clinic provider. The provider will pay the pharmacy invoice and then submit for reimbursement from the Family Planning Program.
- c) Agreement with the pharmacy to provide 12-month prescription for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Digitally signed by Carol Everett  
 Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date

## MEMO OF UNDERSTANDING

A class pharmacy has an agreement with Treat Now Family Clinic  
(Name of Pharmacy) (Doctor or Clinic)  
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Treat Now family clinic will be billed for the prescriptions and in turn will seek reimbursement  
(Doctor or Clinic) from the State of Texas through the Family Planning Program.

The agreement is for the pharmacy to fill the following generic medications:

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring) :
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient population.

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

Bildad Eyong Office Operations Manager  
Pharmacy Representative Title

12/15/16  
Date

A-Class Pharmacy LLC  
Pharmacy Address: 4907 S. Collins St, Ste 141  
Arlington, TX 76018

Catherine Olson  
Physician or Clinic Representative

12/15/16  
Date

HEIDI  
GROUP



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Treat Now Family Clinic Arlington will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





## Family Planning Program

### Class D Pharmacy License Exemption Request

**PART I – AGENCY/CLINIC INFORMATION**

|   |   |   |                    |                     |
|---|---|---|--------------------|---------------------|
| Agency Name<br><b>The Heidi Group</b>   |   |   |                    |                     |
| Clinic Name (Clinic Requesting Waiver)<br><b>Treat Now Family Clinic</b>                        |   |   |                    |                     |
| Clinic Address (Clinic Requesting Waiver - Physical Address)<br><b>108 A Southwest 6th Ave.</b> | City<br><b>Mineral Wells</b>                    | County<br><b>Palo Pinto</b>                         | State<br><b>TX</b> | ZIP<br><b>76067</b> |
| Contact Name<br><b>Toni Moman</b>   | Contact Telephone Number<br><b>512-255-2088</b> | Contact Email Address<br><b>toni@heidigroup.org</b> |                    |                     |

**PART II – PHARMACY REFERRAL PROCESS**

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

|  |
|--|
| <p>a) Pharmacy location will be selected for proximity to the clinic site. Walmart 601 N FM 1821 Mineral Wells, TX 76067</p> <p>b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.</p> <p>c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.</p> <p>d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.</p> |
|--|

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

|   |
|---|
| <p>Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.</p> |
|---|

**PART IV – MEMORANDUM OF UNDERSTANDING (MOU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
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**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Signature

Digitally signed by Carol Everett  
 Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Treat Now Family Clinic Mineral Wells will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





# TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 28868

## TYLER FAMILY CIRCLE OF CARE

### License Information

License Status Active  
License # 28868  
Expiration Date 11/30/2017  
Date License Issued 11/06/2013

### Address

PRIMARY CARE & WMNS SVCS  
928 N GLENWOOD AVE  
TYLER, TX 75702  
County SMITH  
Phone (903) 535-9041

### Pharmacy Details

Prior Disciplinary Orders\* No  
Class of Pharmacy Clinic  
Type of Ownership Corporation  
Type of Pharmacy Other  
# of Hospital beds

\* Information relating to disciplinary orders is current as of (30 days prior to this date).

A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to disclosure.

### Employment Information

Pharmacist in Charge  
HOLLADAY, JANA KATHERINE

### Pharmacy Profile \*

Accessible to disabled persons? Yes

Participates in the Texas Medicaid program? Yes

Participates in the Texas Kids Insurance Program (SKIP)? Yes

### Translating services (Listed Below If Available)

Spanish  
Vietnamese  
Telecomm. for the deaf (TDD)  
American Sign Language

\* Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

### Remedial Plans

Remedial plans (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

### Services Provided

No Nuclear  
No Out-Patient Prescriptions  
No Ship Prescription Out of State  
Yes Class D (Expanded Formulary)  
No Class D (Alternative Visit Schedule)  
No Compounding Sterile-Risk Level Low  
No Compounding Sterile-Risk Level Med  
No Compounding Sterile-Risk Level High  
No Compounding Non-Sterile  
No 24 Hour Service  
No Closed Door  
No Compounding, Office Use  
No Home Delivery  
No Infusion  
No Pharmacist Administered Immunizations  
No Veterinary Prescriptions

| Pharmacist Name          | License # | Registr. Date | Expir. Date | Emp. Status | License Status  |
|--------------------------|-----------|---------------|-------------|-------------|-----------------|
| HOLLADAY, JANA KATHERINE | 36355     | 08/02/1996    | 12/31/2017  | PIC         | Active          |
| RIES, ANDREA JEAN        | 29953     | 07/22/1987    | 06/30/2017  | Staff       | Active          |
| Page 1 of 1 20 ▼         |           |               |             |             | View 1 - 2 of 2 |

| Texas Registered Technicians/Trainees Employment information |           |               |             |             |                    |
|--|-----------|---------------|-------------|-------------|--------------------|
| Technician/Trainee Name                                      | License # | Registr. Date | Expir. Date | Emp. Status | Reg. Status        |
| Page 0 of 0 20 ▼   |           |               |             |             | No records to view |

| Texas Remote Pharmacy information |            |         |      |       |                    |
|-----------------------------------|------------|---------|------|-------|--------------------|
| Remote Pharmacy Name              | Registr. # | Address | City | State | Zipcode            |
| Page 0 of 0 20 ▼                  |            |         |      |       | No records to view |

| Texas Pharmacy Owner information |             |                 |       |       |                 |
|----------------------------------|-------------|-----------------|-------|-------|-----------------|
| Owner Name                       | Owner Title | Address         | City  | State | Zipcode         |
| TYLER FAMILY CIRCLE OF CARE      | OWNER       | 214 E. HOUSTON, | TYLER | TX    | 75702           |
| LEROY BIGGERS                    | OFFICER     | ,               |       |       |                 |
| LORETTA SWAN                     | OFFICER     | ,               |       |       |                 |
| JOYCE ARMSTRONG-SCURRY           | OFFICER     | ,               |       |       |                 |
| MICHAEL ADAMS                    | OFFICER     | ,               |       |       |                 |
| Page 1 of 1 20 ▼                 |             |                 |       |       | View 1 - 5 of 5 |

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Tyler Family Circle of Care will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
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|---|---|---|--------------------|---------------------|
| Agency Name<br><b>The Heidi Group</b>   |   |   |                    |                     |
| Clinic Name (Clinic Requesting Waiver)<br><b>Valley Women's Care PLLC</b>                         |   |   |                    |                     |
| Clinic Address (Clinic Requesting Waiver - Physical Address)<br><b>1900 S Jackson Rd. Suite 4</b> | City<br><b>McAllen</b>                          | County<br><b>Hidalgo</b>                            | State<br><b>TX</b> | ZIP<br><b>78503</b> |
| Contact Name<br><b>Toni Moman</b>   | Contact Telephone Number<br><b>512-255-2088</b> | Contact Email Address<br><b>toni@heidigroup.org</b> |                    |                     |

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- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 1200 E Jackson Ave McAllen, TX 78503
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

**PART III – PHARMACY EXEMPTION JUSTIFICATION**

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

**PART IV – MEMORANDUM OF UNDERSTANDING (MoU)**

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

**PART V – POLICY**

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**
 Digitally signed by Carol Everett  
 Date: 2016.12.13 14:56:52 -06'00'
**12/13/2016**

Signature

Date

 Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date





## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Valley Women's Care PLLC will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
3. A Class D Pharmacy License Exemption Request will be completed and submitted for each clinic without a Class D Pharmacy License number.
4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





## Family Planning Program Class D Pharmacy License Exemption Request

### PART I – AGENCY/CLINIC INFORMATION

|  |   |   |                         |                    |
|--|---|---|-------------------------|--------------------|
| Agency Name<br><b>The Heidi Group</b>  |   |   |                         |                    |
| Clinic Name (Clinic Requesting Waiver)<br><b>Webster Family Care</b>                                 |   |   |                         |                    |
| Clinic Address (Clinic Requesting Waiver - Physical Address)<br><b>200 Medical Center Blvd. #102</b> |   | City<br><b>Webster</b>                              | County<br><b>Harris</b> | State<br><b>TX</b> |
|  |   | ZIP<br><b>77598</b>                                 |                         |                    |
| Contact Name<br><b>Toni Moman</b>  | Contact Telephone Number<br><b>512-255-2088</b> | Contact Email Address<br><b>toni@heidigroup.org</b> |                         |                    |

### PART II – PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.

- a) Pharmacy location will be selected for proximity to the clinic site. Walmart 150 W. El Dorado Blvd Friendswood, Tx 77546
- b) The Clinic will provide the Pharmacy with a credit card along with the faxed/e-mailed prescription for the patient which will be kept on file for re-fills. The provider will submit for reimbursement from the Family Planning Program.
- c) The Clinic will provide prescriptions to the Pharmacy for generic 12-month prescriptions for contraceptive methods, non-clinician administered hormonal contraceptive methods and anti-infectives for treatment.
- d) This method of payment is to ensure no barrier is created to keep the patient from receiving the prescribed medication at no personal cost and no additional clinic visits.

### PART III – PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

Clinic is in the process of obtaining a Class D pharmacy license but needs to serve patients in FPP now.

### PART IV – MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

### PART V – POLICY

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the agency named above, I warrant that the agency will follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.

**Carol Everett**

Digitally signed by Carol Everett  
Date: 2016.12.13 14:56:52 -06'00'

**12/13/2016**

Signature

Date

Class D Pharmacy Exemption Granted: ☐ Yes ☐ No

Signature

Date



## Family Planning Program

### Pharmacy and Medication Policy

The Heidi Group/Webster Family Care will provide the following documentation and services for the patients being treated through the Family Planning Program.

1. Prescriptions will be provided by the clinic in **one** of the following three ways.
  - a. Provide a Class D Pharmacy License number.
  - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
  - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
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4. If the clinic does not have a Class D Pharmacy License, it will apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.

